

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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TOTAL IND.

70

TOTAL DEP.

50

TOTAL CLAIMS

51

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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TOTAL IND.

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TOTAL DEP.

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TOTAL CLAIMS

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